SEC 1972 Potential persons who are to respond to the collection of information contained in this form (6-02) are not required to respond unless the form displays a currently valid Company of the collection of information contained in this form

ATTENTION



03030916

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per response... 1

1065677

SEC USE ONLY
Prefix Serial

DATE RECEIVED

Υ.

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering ([] check if this	is an amendme	nt and name h	nas changed, ar	d indicate change	e.)	
Filing Under (Check box(es) that apply):	[] <u>Rule 504</u>	[] <u>Rule 505</u>	[X] <u>Rule 506</u>	[] Section 4(6)	[] ULO	ROCESSED
Type of Filing: [X] New Filing [1	SEP 09 2003
	A. BA	SIC IDENTIF	ICATION DATA			THOMSON FINANCIAL

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer ([] check if this is an amendment and name has changed, and indiciate change.)

Envirokare Tech Inc

Address of Executive Offices Area Code)

(Number and Street, City, State, Zip Code)

Telephone Number (Including

5850 T.G. Lee Blvd, Suite 535, Orlando, Florida 32822

407/856-8882

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)

(if different from Executive Offices)

~~

Brief Description of Business

Type of Business Organiz	zation	
[X] corporation	[] limited partnership, already formed [] other (please specify):	
[] business trust	[] limited partnership, to be formed	
	Month Year	
Actual or Estimated Date	of Incorporation or Organization: [0]6] [9]8] [X]Actual []Estimated	
Jurisdiction of Incorporati	on or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [N][V]	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that [] Promoter [Apply:	X] Beneficial Owner	[] Executive Officer	[X] Director []	General and/or Managing Partner	
Full Name (Last name first, if individ Pappas, Steve	ual)				
Business or Residence Address (Nu 5850 T.G. Lee Blvd, Suite 525, Or			de)		
Check Box(es) that [] Promoter [Apply:] Beneficial Owner	[] Executive Officer		General and/or Managing Partner	
Full Name (Last name first, if individ Edelstein, Jonathan	ual)				
Business or Residence Address (Nu 5850 T.G. Lee Blvd, Suite 525, Or			de)		
Check Box(es) that [] Promoter [Apply:] Beneficial Owner	[X] Executive Officer		General and/or Managing Partner	
Full Name (Last name first, if individ Kazantzis, George	ual)				
Business or Residence Address (Nu 5850 T.G. Lee Blvd, Suite 525, Or			de)		
Check Box(es) that [] Promoter [Apply:	X] Beneficial Owner	[] Executive Officer		General and/or Managing Partner	
Full Name (Last name first, if individ Alexandru, Adrian	ual)				

Business or Residence Address (Number and Street, City, State, Zip Code) 5850 T.G. Lee Blvd, Suite 525, Orlando, FL 32822

The state of the s					
Check Box(es) that [] Promote Apply:	or [X] Beneficial Owner	[] Executive Officer		eneral and/or lanaging artner	
Full Name (Last name first, if indi	vidual)				
Business or Residence Address (5850 T.G. Lee Blvd, Suite 525,			ode)		
Check Box(es) that [] Promote Apply:	er [X] Beneficial Owner	[] Executive Officer		eneral and/or lanaging artner	
Full Name (Last name first, if indi Houiris, Vanessa	vidual)				
Business or Residence Address (5850 T.G. Lee Blvd, Suite 525, 0			ode)		
Check Box(es) that [] Promote Apply:	er [] Beneficial Owner	[] Executive Officer		eneral and/or lanaging artner	
Full Name (Last name first, if indi	vidual)				
Business or Residence Address (5850 T.G. Lee Blvd, Suite 525,			ode)		
(Use blank sho	eet, or copy and u	se additional copid	es of this sheet, as n	ecessary.)	
	B. INFORM	MATION ABOUT O	FFERING		
1. Has the issuer sold, or does th offering?				Yes No	
	• •	Column 2, if filing un		œ	
What is the minimum investmeDoes the offering permit joint of				\$ Yes No [X] []	
4. Enter the information requeste directly or indirectly, any commiss connection with sales of securitie person or agent of a broker or delist the name of the broker or deale persons of such a broker or deale only.	sion or similar remu s in the offering. If a aler registered with ler. If more than fiv	uneration for solicita a person to be listed the SEC and/or wit e (5) persons to be	tion of purchasers in it is an associated th a state or states, listed are associated		
Full Name (Last name first, if indi	vidual)				
Business or Residence Address	(Number and Stree	t, City, State, Zip Co	ode)		
Name of Associated Broker or De	ealer				

States	in Whic	h Perso	n Listed	Has So	licited o	Intends	to Solici	it Purcha	sers				
(Chec	k "All	States"	or chec	k indivi	idual Sta	ates)		•		[] All St	ates	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[AM]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full N	ame (La	st name	first, if i	ndividua	al)								
Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	ode)				
Name	of Asso	ciated E	Broker o	r Dealer									
States	in Whic	ch Perso	n Listed	Has Sc	licited o	r Intends	to Solic	it Purcha	sers				
(Chec	k "All	States"	or chec	k indiv	idual St	ates)				[] All St	ates	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[AM]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name (Last name first, if individual)													
Busine	Business or Residence Address (Number and Street, City, State, Zip Code)												
Name	of Asso	ciated E	Broker o	r Dealer									
States	in Whic	ch Perso	n Listed	Has So	licited o	r Intends	to Solic	it Purcha	sers				
(Chec	(Check "All States" or check individual States) [] All States												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[Mi]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
Type of Security	Aggregate Offering Price	A	mount Already Sold
Debt	\$ 0	\$	0
Equity[X] Common [] Preferred	\$ 80,000.00	\$	80,000.00
Convertible Securities (including warrants)	\$ 0	\$	0
Partnership Interests	\$ 0	\$	0
Other (Specify).	\$ 0	\$	0
Total	\$ 80,000.00	\$	80,000.00
Answer also in Appendix, Column 3, if filing under ULOE.			
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u> , indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
	 umber vestors	D	ggregate ollar Amount Purchases
Accredited Investors	 6		80,000.00
Non-accredited Investors	_	\$	-
Total (for filings under Rule 504 only)	6		80,000.00
Answer also in Appendix, Column 4, if filing under ULOE.		·	·
3. If this filing is for an offering under Rule 504 or 505, enter the			

Dollar Amount

Sold

\$____

_____\$___

_____\$____

Type of Security

information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part

Rule 505

Total

C-Question 1.

Type of offering

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[]\$ 90.00
Printing and Engraving Costs	[]\$ 0
Legal Fees	[]\$ 0
Accounting Fees	[] \$300.00
Engineering Fees	[]\$ 0
Sales Commissions (specify finders' fees separately)	[]\$ 0
Other Expenses (identify)	[]\$ 0
Total	[] \$390.00

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$79,610.00

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

Paym	ents
------	------

	fficers, irectors, & filiates	Payments To Others
Salaries and fees	[]\$0	[]\$0
Purchase of real estate	[]\$0	[]\$0
Purchase, rental or leasing and installation of machinery and equipment	[]\$0	[]\$0
Construction or leasing of plant buildings and facilities	[]\$0	[]\$0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]\$ 0	[]\$0
Repayment of indebtedness	[]\$0	[]\$0
Working capital	[]\$0	[]\$80,000.00
Other (specify):	[]\$0	[]\$ 0
	[]\$0	[]\$0
Column Totals	[]\$0	[]\$80,000.00
Total Payments Listed (column totals added)	[]\$	80,000.00

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature Date
Envirokare Tech Inc	groy her 9/5/03
Name of Signer (Print or Type)	Title of Agner (Print of Type)
George Kazantzis	President

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18
U.S.C. 1001.)